

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN -8 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M83797

1. Corporation Name

DELMINOR WYTHEVILLE, INC.

Principal Place of Business

C/O S. RALPH, IVACO INC.
770 SHERBROOKE ST. W., 20TH FLOOR
MONTREAL, QB CANADA H3A1G1

Mailing Address

C/O S. RALPH, IVACO INC.
770 SHERBROOKE ST. W., 20TH FLOOR
MONTREAL, QB CANADA H3A1G1

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1988

5. FEI Number

98-0098479

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
PTS	GOLDSTEIN, GEORGE (D)	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	KASSAB, ALBERT (AST-S)	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	CHAIKELSON, MORTON	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	RETTOR, BARRY	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
V	SHEAR, DAVID	175 N.W. FIRST AVE #2000	MIAMI FL
VAS	RALPH, SAMUEL	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

State
FL

Zip Code

REINSTATEMENT

1996 0.0000 1/8/97

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Cassandra Intorety

REGISTERED AGENT MUST SIGN

Date

11/21/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 30, 1996

Date

(514) 288-4545

Daytime Phone #

CR2E040 (7/96)